

Substance Abuse and Mental Health Services Administration (SAMHSA) Unified Performance Reporting Tool (SUPRT) - C

CLIENT OR CAREGIVER FORM

Version: September 2024

Age Range	Respondent Type	Assessment	Link
Adult (18 years+)	Client (or proxy)	Baseline	Adult Client Baseline
Adult (18 years+)	Client (or proxy)	Reassessment	Adult Client Reassessment
Adult (18 years+)	Client (or proxy)	Annual	Adult Client Annual
Youth (12-17 years)	Client (or proxy)	Baseline	Youth Client Baseline
Youth (12-17 years)	Client (or proxy)	Reassessment	Youth Client Reassessment
Child (5-17 years)	Caregiver/Parent	Baseline	Child Caregiver Baseline
Child (5-17 years)	Caregiver/Parent	Reassessment	Child Caregiver Reassessment
Young Child (0-4 years)	Caregiver/Parent	Baseline	YoungChild Caregiver Baseline
Young Child (0-4 years)	Caregiver/Parent	Reassessment	YoungChild Caregiver Reassessment

SUPRT-C FORM VERSION: Adult / Client / Baseline

CLIENT CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for Adults (persons 18 years or older) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/Family Members or for youth (12-17 years old).

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 15 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

A. DEMOGRAPHICS

1. What is your race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group

☐ White – Provide details below.

☐ German

☐ Italian

☐ Irish

☐ Polish

☐ English

☐ French

☐ Enter, for example, Scottish, Norwegian, Dutch, etc. _____

☐ Hispanic or Latino – Provide details below.

☐ Mexican or Mexican American

☐ Salvadoran

☐ Puerto Rican

☐ Dominican

☐ Cuban

☐ Colombian

☐ Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. _____

☐ Black or African American – Provide details below.

☐ African American

☐ Nigerian

☐ Jamaican

☐ Ethiopian

☐ Haitian

☐ Somali

☐ Enter, for example, Ghanaian, South African, Barbadian, etc. _____

☐ Asian – Provide details below.

☐ Chinese

☐ Vietnamese

☐ Filipino

☐ Korean

☐ Asian Indian

☐ Japanese

☐ Enter, for example, Pakistani, Cambodian, Hmong, etc. _____

☐ American Indian or Alaska Native – Provide details below.

☐ Specify, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. _____

☐ Middle Eastern or North African – Provide details below.

☐ Lebanese

☐ Syrian

☐ Iranian

☐ Moroccan

☐ Egyptian

☐ Israeli

☐ Enter, for example, Algerian, Iraqi, Kurdish, etc. _____

☐ Native Hawaiian or Pacific Islander – Provide details below.

☐ Native Hawaiian

☐ Tongan

☐ Samoan

☐ Fijian

☐ Chamorro

☐ Marshallese

☐ Enter, for example, Palauan, Tahitian, Chuukese etc. _____

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)**Age: ADULT****Respondent: CLIENT****Assessment: BASELINE****2. What is your sex?**

- ☐ Female
☐ Male

3. Do you speak a language other than English at home? (If no, please skip to question 6)

- ☐ Yes ☐ No ☐ Prefer not to answer

**5a. For persons speaking a language other than English (answering yes to the question above):
What is this language(s)? (Check all that apply)**

- | | |
|---|---|
| <input type="checkbox"/> American Sign Language (ASL) | <input type="checkbox"/> French |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Other Language (Identify): _____ | <input type="checkbox"/> Prefer not to answer |

4. Have you ever served in the Armed Forces, the Reserves, the National Guard or other Uniformed Services?

- | | |
|---|--|
| <input type="radio"/> Yes, currently serving | <input type="radio"/> No |
| <input type="radio"/> Yes, served in the past | <input type="radio"/> Prefer not to answer |

5. Please respond to the following questions about your physical health.

	Yes	No	Prefer not to answer
a. Are you deaf or do you have serious difficulty hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you have serious difficulty walking or climbing stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you have difficulty dressing or bathing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: ADULT

Respondent: CLIENT

Assessment: BASELINE

f. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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B. SOCIAL DRIVERS OF HEALTH

6. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

- ☐ Very hard
- ☐ Somewhat hard
- ☐ Not hard at all
- ☐ Prefer not to answer

7. What is your living situation today?

- ☐ I have a steady place to live
- ☐ I have a place to live today but I am worried about losing it in the future
- ☐ I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- ☐ Prefer not to answer

8. Which of the following best describes your current living situation?

- ☐ House or apartment
- ☐ Your partner's place
- ☐ A friend or relative's and paying rent
- ☐ A friend or relative's and not paying rent
- ☐ Permanent housing program
- ☐ Transitional housing program
- ☐ Domestic violence shelter
- ☐ Somewhere else [where]: _____
- ☐ Emergency shelter
- ☐ Voucher hotel or motel
- ☐ Hotel or motel you pay for
- ☐ Residential drug or alcohol program
- ☐ Jail or prison
- ☐ Car or other vehicle
- ☐ Abandoned building
- ☐ Anywhere outside
- ☐ Prefer not to answer

9. Are you currently employed?

- ☐ Employed, full time or part time (includes temporary, seasonal, hours change each week)

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: **ADULT**

Respondent: **CLIENT**

Assessment: **BASELINE**

- ☐ Not employed, seeking employment
- ☐ Not employed, not seeking employment (includes if you are in school and not seeking a job, retired, not looking for work because of a disability, a homemaker, etc.)
- ☐ Other – specify: _____
- ☐ Prefer not to answer

10. What is the highest level of education you have finished?

- ☐ Less than high school diploma
- ☐ High school degree or GED
- ☐ Some vocational, technical, college, or university credit(s)
- ☐ Associate's degree or technical/vocational certificate
- ☐ 4-year degree or higher
- ☐ Prefer not to answer

11. In the last 3 months, have you attended school/college, homeschool, or vocational training regularly?

- ☐ Enrolled, attending regularly
- ☐ Enrolled, not attending regularly
- ☐ Not enrolled
- ☐ Prefer not to answer

12. In the last 3 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

- ☐ Yes, it has kept me from medical appointments or from getting my medications.
- ☐ Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- ☐ No
- ☐ Prefer not to answer

C. CLIENT-REPORTED CORE OUTCOMES

13. Please choose the option that best applies to you right now:

- ☐ I consider myself to be in recovery from substance use issues
- ☐ I consider myself to be in recovery from mental health issues
- ☐ I consider myself to be in recovery from substance use **and** mental health issues
- ☐ I do **not** consider myself to be in recovery for substance use or mental health issues
- ☐ I Prefer not to answer

14. As of right now, please select whether you strongly agree, agree, somewhat agree, somewhat disagree, disagree, or strongly disagree with each statement in the table below.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Prefer not to answer

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: ADULT

Respondent: CLIENT

Assessment: BASELINE

a. I am physically fine most days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My mental health is fine most days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My substance use does not cause problems in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have stable housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have a steady job or am involved in things like school, training, or volunteering.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My life has purpose and meaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I have enough money to meet my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am proud of the community I live in and feel a part of it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am supported by the people around me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The future appears bright to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I am in control of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I bounce back quickly after hard times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. On a scale of 0 to 100, if 0 represents no quality of life and 100 is perfect quality of life, how would you rate your quality of life? _____

16. Which goals do you have for participating in this program? Check all that apply.

- ☐ Improve the symptoms that led me to services (for example distress, anxiety)
- ☐ Reduce my drug and/or alcohol use
- ☐ Gain access to medical services I need
- ☐ Enroll in or finish education (for example GED, degree, vocational training)
- ☐ Get or maintain a job
- ☐ Live in stable housing
- ☐ Be a better parent or caregiver
- ☐ Improve my friendships and relationships

Assessment: BASELINE

Public reporting burden for this collection of information is estimated to average 15 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

Client ID | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____

Site ID |_|_|_|_|_|_|_|_|_|_|_|_| Grant ID |_|_|_|_|_|_|_|_|_|_|_|_|

1. Was this assessment conducted with the client/caregiver? ☐ Yes – Client ☐ Yes – Caregiver/Proxy ☐ No

1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? / /

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

0 Client/Caregiver was unable to provide consent 0 Client was not reached for assessment 0 Client no longer in care

CLIENT CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for Adults (persons 18 years or older) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/Family Members or for youth (12-17 years old).

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

How is my information used?

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: ADULT

Respondent: CLIENT

Assessment: BASELINE

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 10 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

A. SOCIAL DRIVERS OF HEALTH

1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

- | | |
|-------------------------------------|--|
| <input type="radio"/> Very hard | <input type="radio"/> Not hard at all |
| <input type="radio"/> Somewhat hard | <input type="radio"/> Prefer not to answer |

2. What is your living situation today?

- ☐ I have a steady place to live
- ☐ I have a place to live today but I am worried about losing it in the future
- ☐ I do not have a steady place to live
- ☐ Prefer not to answer

3. Which of the following best describes your current living situation?

- | | |
|--|--|
| <input type="radio"/> House or apartment | <input type="radio"/> A friend or relative's and not paying rent |
| <input type="radio"/> Your partner's place | <input type="radio"/> Permanent housing program |
| <input type="radio"/> A friend or relative's and paying rent | |

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: ADULT

Respondent: CLIENT

Assessment: BASELINE

- | | |
|---|---|
| <input type="radio"/> Transitional housing program | <input type="radio"/> Jail or prison |
| <input type="radio"/> Domestic violence shelter | <input type="radio"/> Car or other vehicle |
| <input type="radio"/> Emergency shelter | <input type="radio"/> Abandoned building |
| <input type="radio"/> Voucher hotel or motel | <input type="radio"/> Anywhere outside |
| <input type="radio"/> Hotel or motel you pay for | <input type="radio"/> Somewhere else [where]: _____ |
| <input type="radio"/> Residential drug or alcohol program | <input type="radio"/> Prefer not to answer |

4. Are you currently employed?

- ☐ Employed, full time or part time (includes temporary, seasonal, hours change each week)
- ☐ Not employed, seeking employment
- ☐ Not employed, not seeking employment (includes in school not seeking, retired, due to disability, homemaker, etc)
- ☐ Other – specify: _____
- ☐ Prefer not to answer

5. What is the highest level of education you have finished?

- | | |
|---|---|
| <input type="radio"/> Less than high school diploma | <input type="radio"/> Associate's degree or |
| <input type="radio"/> High school degree or GED | technical/vocational Certificate |
| <input type="radio"/> Some vocational, technical, college, or | <input type="radio"/> 4-year degree or higher |
| university credit(s) | <input type="radio"/> Prefer not to answer |

6. In the last 3 months, have you attended school/college, homeschool, or vocational training regularly?

- | | |
|---|--|
| <input type="radio"/> Enrolled, attending regularly | <input type="radio"/> Not enrolled |
| <input type="radio"/> Enrolled, not attending regularly | <input type="radio"/> Prefer not to answer |

7. In the last 3 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

- ☐ Yes, it has kept me from medical appointments or from getting my medications.
- ☐ Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- ☐ No
- ☐ Prefer not to answer

[illegible]

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)**Age: ADULT****Respondent: CLIENT****Assessment: BASELINE**

b. My mental health is fine most days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My substance use does not cause problems in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have stable housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have a steady job or am involved in things like school, training, or volunteering.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My life has purpose and meaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I have enough money to meet my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am proud of the community I live in and feel a part of it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am supported by the people around me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The future appears bright to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I am in control of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I bounce back quickly after hard times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. On a scale of 0 to 100, if 0 represents no quality of life and 100 is perfect quality of life, how would you rate your quality of life? _____

11. As a result of the services you received, which goals did you make progress on? Check all that apply.

- ☐ Improve the symptoms that led me to services (for example distress, anxiety)
- ☐ Reduce my drug and/or alcohol use
- ☐ Gain access to medical services I need
- ☐ Enroll in or finish education (for example GED, degree, vocational training)
- ☐ Get or maintain a job
- ☐ Live in stable housing
- ☐ Be a better parent or caregiver
- ☐ Improve my friendships and relationships

Assessment: BASELINE

Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT - ADULT / CLIENT / REASSESSMENT

Client ID | | | | | | | | | | | |

Site ID |_|_|_|_|_|_|_|_|_|_| Grant ID |_|_|_|_|_|_|_|_|_|_|

1. Was this assessment conducted with the client/caregiver? ☐ Yes – Client ☐ Yes – Caregiver/Proxy ☐ No

1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? / /

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

0 Client/Caregiver was unable to provide consent 0 Client was not reached for assessment 0 Client no longer in care

SUPRT-C FORM VERSION: Adult / Client / Annual

CLIENT CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for Adults (persons 18 years or older) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/Family Members or for youth (12-17 years old).

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 7 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

[illegible]

Assessment: ANNUAL

0 Client/Caregiver was unable to provide consent 0 Client was not reached for assessment 0 Client no longer in care

SUPRT-C FORM VERSION: Youth (12 to 17) / Client / Baseline

CLIENT CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for Youth (persons 12 to 17 years old) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/Family Members or for Adults (18+ years old).

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 10 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

A. DEMOGRAPHICS**1. What is your race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group**☐ White – Provide details below.☐ German☐ Irish☐ English☐ Enter, for example, Scottish, Norwegian, Dutch, etc. _____☐ Italian☐ Polish☐ French☐ Hispanic or Latino – Provide details below.☐ Mexican or Mexican American☐ Puerto Rican☐ Cuban☐ Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. _____☐ Salvadoran☐ Dominican☐ Colombian☐ Black or African American – Provide details below.☐ African American☐ Jamaican☐ Haitian☐ Enter, for example, Ghanaian, South African, Barbadian, etc. _____☐ Nigerian☐ Ethiopian☐ Somali☐ Asian – Provide details below.☐ Chinese☐ Filipino☐ Asian Indian☐ Enter, for example, Pakistani, Cambodian, Hmong, etc. _____☐ Vietnamese☐ Korean☐ Japanese☐ American Indian or Alaska Native – Provide details below.☐ Specify, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. _____☐ Middle Eastern or North African – Provide details below.☐ Lebanese☐ Iranian☐ Egyptian☐ Enter, for example, Algerian, Iraqi, Kurdish, etc. _____☐ Syrian☐ Moroccan☐ Israeli☐ Native Hawaiian or Pacific Islander – Provide details below.☐ Native Hawaiian☐ Samoan☐ Chamorro☐ Enter, for example, Palauan, Tahitian, Chuukese etc. _____☐ Tongan☐ Fijian☐ Marshallese

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: YOUTH (12 to 17)

Respondent: CLIENT

Assessment: BASELINE

2. What is your sex?

- ☐ Female
- ☐ Male

3. Do you speak a language other than English at home? (If no, please skip to question 6)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

5a. For persons speaking a language other than English (answering yes to the question above):

What is this language(s)? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> American Sign Language (ASL) | <input type="checkbox"/> French |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Other Language (Identify): _____ | <input type="checkbox"/> Prefer not to answer |

4. Please respond to the following questions about your physical health.

	Yes	No	Prefer not to answer
a. Are you deaf or do you have serious difficulty hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you have serious difficulty walking or climbing stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you have difficulty dressing or bathing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. SOCIAL DRIVERS OF HEALTH**5. What is your living situation today?**

- ☐ I have a steady place to live
- ☐ I have a place to live today but I am worried about losing it in the future
- ☐ I do not have a steady place to live
- ☐ Prefer not to answer

6. Which of the following best describes your current living situation?

- ☐ My parent/guardian's house or apartment;
- ☐ Your partner's place;
- ☐ A friend or relative's and paying rent;
- ☐ A friend or relative's and not paying rent;
- ☐ Permanent housing program;
- ☐ Transitional housing program;
- ☐ Domestic violence shelter;
- ☐ Emergency shelter;
- ☐ Voucher hotel or motel;
- ☐ Hotel or motel you pay for;
- ☐ Residential drug or alcohol program;
- ☐ Jail or prison;
- ☐ Car or other vehicle;
- ☐ Abandoned building;
- ☐ Anywhere outside;
- ☐ Somewhere else [where]: _____
- ☐ Prefer not to answer

SUPRT-C FORM VERSION: Youth (12 to 17) / Client / Reassessment

CLIENT CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for Youth (persons 12 to 17 years old) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/Family Members or for Adults (18+ years old).

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 5 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

A. SOCIAL DRIVERS OF HEALTH

1. What is your living situation today?

- ☐ I have a steady place to live
- ☐ I have a place to live today but I am worried about losing it in the future
- ☐ I do not have a steady place to live
- ☐ Prefer not to answer

2. Which of the following best describes your current living situation?

- ☐ My parent/guardian's house or apartment
- ☐ Your partner's place
- ☐ A friend or relative's and paying rent
- ☐ A friend or relative's and not paying rent
- ☐ Permanent housing program
- ☐ Transitional housing program
- ☐ Domestic violence shelter
- ☐ Emergency shelter
- ☐ Voucher hotel or motel
- ☐ Hotel or motel you pay for
- ☐ Residential drug or alcohol program
- ☐ Jail or prison
- ☐ Car or other vehicle
- ☐ Abandoned building
- ☐ Anywhere outside
- ☐ Somewhere else [where]: _____
- ☐ Prefer not to answer

3. What is the highest level of education you have finished?

- ☐ Preschool-Kindergarten
- ☐ Grade 1 – Grade 5
- ☐ Grade 6 – Grade 8
- ☐ Grade 9 - 12
- ☐ High school degree or GED
- ☐ Prefer not to answer

4. In the last 3 months, have you attended school/college, homeschool, or vocational training regularly?

- ☐ Enrolled, attending regularly
- ☐ Enrolled, not attending regularly
- ☐ Not enrolled
- ☐ Prefer not to answer

Thank you for completing this reassessment form.

Public reporting burden for this collection of information is estimated to average 5 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

Assessment: REASSESSMENT

0 Client/Caregiver was unable to provide consent 0 Client was not reached for assessment 0 Client no longer in care

SUPRT-C FORM VERSION: Child (5 to 17) / Caregiver / Baseline

CAREGIVER/FAMILY MEMBER CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for caregivers or family members responding for their child. If that's not you, please ask your provider for the form for Youth (12 to 17) responding for themselves or for Adults (18+ years old).

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your child's behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your child's provider.

How is my information used?

SAMHSA does not collect your child's name or information that can identify your child. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 10 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

A. DEMOGRAPHICS

1. What is your child's race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group.

☐ White – Provide details below.

☐ German

☐ Irish

☐ English

☐ Enter, for example, Scottish, Norwegian, Dutch, etc. _____

☐ Italian

☐ Polish

☐ French

☐ Hispanic or Latino – Provide details below.

☐ Mexican or Mexican American

☐ Puerto Rican

☐ Cuban

☐ Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. _____

☐ Salvadoran

☐ Dominican

☐ Colombian

☐ Black or African American – Provide details below.

☐ African American

☐ Jamaican

☐ Haitian

☐ Enter, for example, Ghanaian, South African, Barbadian, etc. _____

☐ Nigerian

☐ Ethiopian

☐ Somali

☐ Asian – Provide details below.

☐ Chinese

☐ Filipino

☐ Asian Indian

☐ Enter, for example, Pakistani, Cambodian, Hmong, etc. _____

☐ Vietnamese

☐ Korean

☐ Japanese

☐ American Indian or Alaska Native – Provide details below.

☐ Specify, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. _____

☐ Middle Eastern or North African – Provide details below.

☐ Lebanese

☐ Iranian

☐ Egyptian

☐ Enter, for example, Algerian, Iraqi, Kurdish, etc. _____

☐ Syrian

☐ Moroccan

☐ Israeli

☐ Native Hawaiian or Pacific Islander – Provide details below.

☐ Native Hawaiian

☐ Samoan

☐ Chamorro

☐ Enter, for example, Palauan, Tahitian, Chuukese etc. _____

☐ Tongan

☐ Fijian

☐ Marshallese

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: CHILD (5 to 17)

Respondent: CAREGIVER

Assessment: BASELINE

2. What is your child's sex?

☐ Female

☐ Male

3. Does your child speak a language other than English at home?

☐ Yes

☐ No

☐ Prefer not to answer

3a. For persons speaking a language other than English (answering yes to the question above): What is this language(s)? (Check all that apply)

☐ American Sign Language (ASL)

☐ Portuguese

☐ Arabic

☐ Spanish

☐ Chinese

☐ Other Language (specify): _____

☐ French

☐ Prefer not to answer

4. Please respond to the following questions about your child's physical health.

	Yes	No	Prefer not to answer
a. Is your child deaf or does your child have serious difficulty hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is your child blind or does your child have serious difficulty seeing, even when wearing glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Because of a physical, mental, or emotional condition, does your child have serious difficulty concentrating, remembering, or making decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Does your child have serious difficulty walking or climbing stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Does your child have difficulty dressing or bathing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Because of a physical, mental, or emotional condition, does your child have difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. SOCIAL-DRIVERS OF HEALTH

5. How hard is it for you to pay for the very basics like food, housing, medical care, and heating for your child?

- ☐ Very hard
- ☐ Somewhat hard
- ☐ Not hard at all
- ☐ I am not the person responsible for paying for the basics for my child
- ☐ Prefer not to answer

6. What is your child's living situation today?

- ☐ My child has a steady place to live
- ☐ My child has a place to live today but I am worried they may lose it in the future
- ☐ My child does not have a steady place to live
- ☐ Prefer not to answer

7. Which of the following best describes your child's current living situation?

- ☐ Your house or apartment
- ☐ Your partner's place
- ☐ A friend or relative's and paying rent
- ☐ A friend or relative's and not paying rent
- ☐ Permanent housing program
- ☐ Transitional housing program
- ☐ Domestic violence shelter
- ☐ Emergency shelter
- ☐ Voucher hotel or motel
- ☐ Hotel or motel you pay for
- ☐ Residential drug or alcohol program
- ☐ Jail or prison
- ☐ Car or other vehicle
- ☐ Abandoned building
- ☐ Anywhere outside
- ☐ Somewhere else [where]: _____
- ☐ Prefer not to answer

8. What is the highest level of education your child has finished?

- ☐ Preschool-Kindergarten
- ☐ Grade 1 – Grade 5
- ☐ Grade 6 – Grade 8
- ☐ Grade 9 - 12
- ☐ High school degree or GED
- ☐ Prefer not to answer

9. In the last 3 months, has your child attended school/college, homeschool, or vocational training regularly?

- ☐ Enrolled, attending regularly
- ☐ Enrolled, not attending regularly
- ☐ Not enrolled
- ☐ Prefer not to answer

Thank you for completing this baseline form.

0 Client/Caregiver was unable to provide consent 0 Client was not reached for assessment 0 Client no longer in care

FORM VERSION: Child (5 to 17) / Caregiver / Reassessment

CAREGIVER/FAMILY MEMBER CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for caregivers or family members responding for their child. If that's not you, please ask your provider for the form for Youth (12 to 17) responding for themselves or for Adults (18+ years old).

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your child's behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your child's provider.

How is my information used?

SAMHSA does not collect your child's name or information that can identify your child. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 5 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

A. SOCIAL DRIVERS OF HEALTH

1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating for your child?

- | | |
|---------------------------------------|---|
| <input type="radio"/> Very hard | <input type="radio"/> I am not the person responsible for |
| <input type="radio"/> Somewhat hard | paying for the basics for my child |
| <input type="radio"/> Not hard at all | <input type="radio"/> Prefer not to answer |

2. What is your child's living situation today?

- ☐ My child has a steady place to live
- ☐ My child has a place to live today but I am worried they may lose it in the future
- ☐ My child does not have a steady place to live
- ☐ Prefer not to answer

3. Which of the following best describes your child's current living situation?

- | | |
|--|---|
| <input type="radio"/> Your house or apartment | <input type="radio"/> Hotel or motel you pay for |
| <input type="radio"/> Your partner's place | <input type="radio"/> Residential drug or alcohol program |
| <input type="radio"/> A friend or relative's and paying rent | <input type="radio"/> Jail or prison |
| <input type="radio"/> A friend or relative's and not paying rent | <input type="radio"/> Car or other vehicle |
| <input type="radio"/> Permanent housing program | <input type="radio"/> Abandoned building |
| <input type="radio"/> Transitional housing program | <input type="radio"/> Anywhere outside |
| <input type="radio"/> Domestic violence shelter | <input type="radio"/> Somewhere else [where]: _____ |
| <input type="radio"/> Emergency shelter | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Voucher hotel or motel | |

4. What is the highest level of education your child has finished?

- | | |
|--|---|
| <input type="radio"/> Preschool-Kindergarten | <input type="radio"/> Grade 9 - 12 |
| <input type="radio"/> Grade 1 – Grade 5 | <input type="radio"/> High school degree or GED |
| <input type="radio"/> Grade 6 – Grade 8 | <input type="radio"/> Prefer not to answer |

5. In the last 3 months, has your child attended school/college, homeschool, or vocational training regularly?

- | | |
|---|--|
| <input type="radio"/> Enrolled, attending regularly | <input type="radio"/> Not enrolled |
| <input type="radio"/> Enrolled, not attending regularly | <input type="radio"/> Prefer not to answer |

SAMHSA Unified Performance Reporting Tool – Client Form (SUPRT-C)**Age: CHILD (5 to17)****Respondent: CAREGIVER****Assessment: REASSESSMENT****Thank you for completing this reassessment form.**

Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT – CHILD / CAREGIVER / BASELINE

Client ID |__|__|__|__|__|__|__|__|__|__|

Site ID |__|__|__|__|__|__|__|__|__|__| Grant ID |__|__|__|__|__|__|__|__|

1. Was this assessment conducted with the client/caregiver? 0 Yes – Client 0 Yes – Caregiver/Proxy 0 No**1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)?** |__|__|__|__|__|__|**1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.**

0 Client/Caregiver was unable to provide consent 0 Client was not reached for assessment 0 Client no longer in care

SUPRT-C FORM VERSION: Young Child (0 to4) / Caregiver / Baseline

CAREGIVER/FAMILY MEMBER CONSENT

Are you answering for your child (aged 0 to 4) as a caregiver or family member? This form was designed for caregivers or family members responding for their young child. If that's not you, please ask your provider for the form for a Child (5 to 17) or Youth (12 to 17) responding for themselves.

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your child's behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your child's provider.

How is my information used?

SAMHSA does not collect your child's name or information that can identify your child. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 6 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

A. DEMOGRAPHICS

1. What is your child's race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group.

☐ White – Provide details below.

☐ German

☐ Italian

☐ Irish

☐ Polish

☐ English

☐ French

☐ Enter, for example, Scottish, Norwegian, Dutch, etc. _____

☐ Hispanic or Latino – Provide details below.

☐ Mexican or Mexican

☐ Salvadoran

American

☐ Dominican

☐ Puerto Rican

☐ Colombian

☐ Cuban

☐ Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. _____

☐ Black or African American – Provide details below.

☐ African American

☐ Nigerian

☐ Jamaican

☐ Ethiopian

☐ Haitian

☐ Somali

☐ Enter, for example, Ghanaian, South African, Barbadian, etc. _____

☐ Asian – Provide details below.

☐ Chinese

☐ Vietnamese

☐ Filipino

☐ Korean

☐ Asian Indian

☐ Japanese

☐ Enter, for example, Pakistani, Cambodian, Hmong, etc. _____

☐ American Indian or Alaska Native

☐ Specify, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. _____

☐ Middle Eastern or North African – Provide details below.

☐ Lebanese

☐ Syrian

☐ Iranian

☐ Moroccan

☐ Egyptian

☐ Israeli

☐ Enter, for example, Algerian, Iraqi, Kurdish, etc. _____

☐ Native Hawaiian or Pacific Islander – Provide details below.

☐ Native Hawaiian

☐ Tongan

☐ Samoan

☐ Fijian

☐ Chamorro

☐ Marshallese

☐ Enter, for example, Palauan, Tahitian, Chuukese etc. _____

SAMHSA Unified Performance Reporting Tool-Client Form (SUPRT-C)

Age: YOUNG CHILD (0 to 4)

Respondent: CAREGIVER

Assessment: BASELINE

2. What is your child's sex?

☐ Female

☐ Male

3. Please respond to the following questions about your child's physical health.

	Yes	No	Prefer not to answer
a. Is your child deaf or does your child have serious difficulty hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is your child blind or does your child have serious difficulty seeing, even when wearing glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. SOCIAL DRIVERS OF HEALTH

4. How hard is it for you to pay for the very basics like food, housing, medical care, and heating for your child?

☐ Very hard

☐ Somewhat hard

☐ Not hard at all

☐ I am not the person responsible for paying for the basics for my child

☐ Prefer not to answer

5. What is your child's living situation today?

☐ My child has a steady place to live

☐ My child has a place to live today but I am worried they may lose it in the future

☐ My child does not have a steady place to live

☐ Prefer not to answer

6. Which of the following best describes your child's current living situation?

☐ Your house or apartment

☐ Your partner's place

☐ A friend or relative's and paying rent

☐ A friend or relative's and not paying rent

☐ Permanent housing program

☐ Transitional housing program

☐ Domestic violence shelter

☐ Emergency shelter

☐ Voucher hotel or motel

☐ Hotel or motel you pay for

☐ Residential drug or alcohol program

☐ Jail or prison

☐ Car or other vehicle

☐ Abandoned building

☐ Anywhere outside

☐ Somewhere else [where]: _____

☐ Prefer not to answer

Thank you for completing this baseline form.

SAMHSA Unified Performance Reporting Tool-Client Form (SUPRT-C)

Age: YOUNG CHILD (0 to 4)

Respondent: CAREGIVER

Assessment: BASELINE

Public reporting burden for this collection of information is estimated to average 6 minutes per response . Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT - YOUNG CHILD / CAREGIVER / BASELINE

Client ID |__|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Site ID |__|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| **Grant ID** |__|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No

1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? |__|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

0 Client/Caregiver was unable to provide consent 0 Client was not reached for assessment 0 Client no longer in care

FORM VERSION: Young Child (0 to 4) / Caregiver / Reassessment

CAREGIVER/FAMILY MEMBER CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for caregivers or family members responding for their young child. If that's not you, please ask your provider for the form for Child (5 to 17) or Youth (12 to 17) responding for themselves.

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your child's behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your child's provider.

How is my information used?

SAMHSA does not collect your child's name or information that can identify your child. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 3 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

A. SOCIAL DRIVERS OF HEALTH

1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating for your child?

- | | |
|---------------------------------------|---|
| <input type="radio"/> Very hard | <input type="radio"/> I am not the person responsible for |
| <input type="radio"/> Somewhat hard | paying for the basics for my child |
| <input type="radio"/> Not hard at all | <input type="radio"/> Prefer not to answer |

2. What is your child's living situation today?

- ☐ My child has a steady place to live
- ☐ My child has a place to live today but I am worried they may lose it in the future
- ☐ My child does not have a steady place to live
- ☐ Prefer not to answer

3. Which of the following best describes your child's current living situation?

- | | |
|--|---|
| <input type="radio"/> Your house or apartment | <input type="radio"/> Hotel or motel you pay for |
| <input type="radio"/> Your partner's place | <input type="radio"/> Residential drug or alcohol program |
| <input type="radio"/> A friend or relative's and paying rent | <input type="radio"/> Jail or prison |
| <input type="radio"/> A friend or relative's and not paying rent | <input type="radio"/> Car or other vehicle |
| <input type="radio"/> Permanent housing program | <input type="radio"/> Abandoned building |
| <input type="radio"/> Transitional housing program | <input type="radio"/> Anywhere outside |
| <input type="radio"/> Domestic violence shelter | <input type="radio"/> Somewhere else [where]: _____ |
| <input type="radio"/> Emergency shelter | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Voucher hotel or motel | |

Thank you for completing this reassessment form.

Public reporting burden for this collection of information is estimated to average 3 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

Age: YOUNG CHILD (0 to 4) Respondent: CAREGIVER/PARENT Assessment: REASSESSMENT